

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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42		/				
43	/	/				
44		/				
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46		/				
47	/	/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52	/	/				
53	/	/				
54		/				
55		/				
56		/				
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98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	30					
TOTAL CLAIMS	37					